STATE OF ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION

PHYSICAL EXAMINATION

APPLICANT'S NAME:						SEX:	[] M/	ALE [] FEMALE
APPLICANT'S	ADDRESS:								
PHYSICIAN'S	NAME:	STREET		СІТҮ		COUNTY			ZIP
		LEASE PRINT OR TYPE							
PHYSICIAN'S	ADDRESS:	STREET		CITY		COUNTY			ZIP
PHYSICIAN'S		MBER: (CITT		COUNTY			ZIP
				tion is to determine		-	-	-	
				s of law enforceme order self-defense t	_				
be anywh	ere from 2 to	o 8 hours per day). The amou	nt of physical trair	ning may vary				-
applicant	MUST be able	e to participate E\	/ERY DAY at	all prescribed leve	els.				
Height	V	Veight II	bs.	Frame: Light	Medium	1	Heavy		
	it shoes)	(Stripped)		-			•		
NORMAL	ABNORMAL								
		EYES: VISION	RIGHT 20 / RIGHT 20 /	LEFT 20 / LEFT 20 /	WITH	OUT GLASSES GLASSES	s – Color I	PERCEPTION	
		EARS: HEARING	RIGHT	/15 LEFT	/ 15 External	EAR DRUM _			
		Nose & Sinuses	DEFORMITY; OF	STRUCTION; CHRONIC INFE	CTION				
		THROAT	ENLARGED TON	SILS; CHRONIC INFECTION					
		THORAX	INADEQUATE EX	(PANSION; DEFORMITY					
		HEART		ARRHYTHMIA; DEFORMITY RE: SYSTOLIC	DIASTO	OLIC			
		Lungs	RALES; DULLNE	ess; Chronic Infection					
		ABDOMEN	ORGAN ENLARG	GEMENT; HERNIA: VENTRAL		_INGUINAL _			
		GENITALIA	PHIMOSIA; HYDI	ROCELE; VARICOCELE					
		RECTUM & ANUS	HEMORRHOIDS;	FISSURE; FISTULA; PILONIE	DAL DISEASE				
		EXTREMITIES	DEFORMITY; LO	ss of Parts; Limitation o	F MOTION; CHRONIC	INFECTION;	VARICOSE V	V EINS	
		SKIN	DISFIGURING DE	EFECTS OR SCARS; INFECTIO	ON				
		NERVOUS & MENTAL	Vasomotor In	STABILITY; MENTAL OR NEU	ROLOGIC DEFECT				
		URINALYSIS	SUGAR		ALBUMIN_				
Comments o	on Abnormalitie	s:							
EKG Results	s:								
		cant is physically ement training.	qualified an	nd capable of perf	orming all of	the abov	e-descri	ibed phys	ical tasks
				M.D. /	D.O. / C.R.N.P.			_/	_/
	EXAMINING P	HYSICIAN					MM	DD	YR